Case 20-31009-5-wak Doc 18 Filed 01/27/21 Entered 01/27/21 13:46:11 Desc Main Document Page 1 of 7

Fill in this information to identify your case:				
Debtor 1	Samantha E. Sawyer			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRIC	CT OF NEW YORK	
Case number (if known)	20-31009-5			

■ Check if this is an amended filing

## Official Form 106Sum

# of Your Assets and Liabilities and Certain Statistical Information

Su	mmary of Your Assets and Liabilities and Certain Statistical Information		12/15
info	is complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amender original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	11: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	189,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	2,800.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	191,800.00
Par	t 2: Summarize Your Liabilities		
			<b>abilities</b> It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	225,884.66
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	1,990.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	52,389.57
	Your total liabilities	\$	280,264.23
Par	t3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	6,648.38
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	6,308.38
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your	ır other scl	hedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules	box and s	ubmit this form to

the court with your other schedules.

Case 20-31009-5-wak Doc 18 Filed 01/27/21 Entered 01/27/21 13:46:11 Desc Main Document Page 2 of 7

Debtor 1 Samantha E. Sawyer Case number (if known) 20-31009-5

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 8,526.15

Ocopy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
Trom rait 4 on concaute 2/1, copy the following.		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,990.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	1,990.00

Case 20-31009-5-wak Doc 18 Filed 01/27/21 Entered 01/27/21 13:46:11 Desc Main Document Page 3 of 7

Debtor 1	Samantha E. Saw	yer		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	NORTHERN DISTRICT	OF NEW YORK	
Case number	20-31009-5			
(if known)	-	<del></del>		

Check if this is an amended filing

#### Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Column C

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

Column A

Column B

- 1. Do any creditors have claims secured by your property?
  - ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below.

Part 1: List All Secured Claims

for e	ach claim. If more than one creditor has	ical order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1	Adirondack Steel Works,		<b>.</b>		
Inc.		Describe the property that secures the claim:	\$4,215.39	\$0.00	\$4,215.39
	Creditor's Name	Judgment filed 1/16/2020 2020-00000692			
	8741 Cut Off Road Castorland, NY 13620	As of the date you file, the claim is: Check all that apply.  Contingent			
Number, Street, City, State & Zip Code Unliquidated		☐ Unliquidated			
Who	owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.			
	ebtor 1 only	☐ An agreement you made (such as mortgage or seci	ured		
	ebtor 2 only	car loan)			
	Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
<b>A</b>	t least one of the debtors and another	Judgment lien from a lawsuit			
	check if this claim relates to a community debt	Other (including a right to offset)			
Date	debt was incurred	Last 4 digits of account number			

### 

Debtor 1 Samantha E. Sawyer	Case number (if known)	20-31009-5	9-5				
First Name Middle N	ame Last Name						
2.2 State of New York	Describe the property that secures the claim:	\$131,869.27	\$0.00	\$131,869.27			
Creditor's Name	Medical judgment filed 10/16/18 2018-00015089						
c/o Shannon Jones Esq. 750 East Adams St. Syracuse, NY 13210-2339 Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all the apply.  Contingent Unliquidated Disputed	at					
Who owes the debt? Check one.	Nature of lien. Check all that apply.						
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage car loan)	or secured					
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	en)					
☐ At least one of the debtors and another	Judgment lien from a lawsuit						
☐ Check if this claim relates to a community debt ☐ Other (including a right to offset)							
Date debt was incurred 2018	Last 4 digits of account number						
Add the dollar value of your entries in C	column A on this page. Write that number here:	\$136,084	.66				
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$136,084	.66				
Part 2: List Others to Be Notified for	or a Debt That You Already Listed						
trying to collect from you for a debt you o	e notified about your bankruptcy for a debt tha we to someone else, list the creditor in Part 1, t you listed in Part 1, list the additional creditor nis page.	and then list the collection age	ncy here. Similarly, if y	ou have more			
Name, Number, Street, City, State 8 Norman P. Fivel Asst Atto Section Chief-Bankruptcy The Capital Albany, NY 12224-0341	rney General	n which line in Part 1 did you ento					
Name, Number, Street, City, State & Zip Code Timothy A. Farley, P.C. 514 State Street Carthage, NY 13619		n which line in Part 1 did you ento					

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF NEW YORK

In re Samantha E. Sawyer FKA Samantha E. Cheek		_ •	
FRA Sallianula E. Cheek	Debtor	Case No.	20-31009-5
Social Security No(s). and all Emplo		Chapter	<b>13</b>
CERTIFIC	ATION OF MAILING MAT	RIX - AM	<u>ENDED</u>
$I_{\bullet}(we)$ , Anthony Inserra , the a petitioner(s)) hereby certify under the	attorney for the debtor/petitions		
compared to and contains the names,			_
schedules of liabilities/list of creditor	rs/list of equity security holders	, or any am	endment thereto filed herewith.
Dated: January 7, 2021	/s/ Anthony Ir		
	Anthony Inse	rra	

Attorney for Debtor/Petitioner

(Debtor(s)/Petitioner(s))

Adirondack Steel Works, Inc. 8741 Cut Off Road Castorland, NY 13620

Norman P. Fivel Asst Attorney General Section Chief-Bankruptcy Litigation Unit The Capital Albany, NY 12224-0341

State of New York c/o Shannon Jones Esq. 750 East Adams St. Syracuse, NY 13210-2339

Timothy A. Farley, P.C. 514 State Street Carthage, NY 13619

#### United States Bankruptcy Court Northern District of New York

In re	Samantha E. Sawyer	Case No.	20-31009-5
	Debtor(s)	Chapter	13

# AMENDED DECLARATION CONCERNING DEBTOR'S SCHEDULES

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

	I declare under penalty of are true and correct to the best of m		ad the foregoing , consisting of page(s), and that they ation, and belief.
Date	January 7, 2021	Signature	/s/ Samantha E. Sawyer Samantha E. Sawyer Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.